

Approval Date _____

**ALABAMA BOARD OF FUNERAL SERVICE**

11 South Union Street, Suite 106 Montgomery, AL 36130
 (334) 242-4049 Fax (334) 353-7988

APPLICATION FOR INSTRUCTOR APPROVAL

1. Full Name _____ Title: _____

2. Address _____
 PO Box Street City Zip

3. Business Name: _____

4. Address: _____
 PO Box Street City Zip

Telephone number: _____ Fax number: _____

5. Has your professional/occupational license (whether insurance, funeral service, funeral director, embalmer or etc.) ever been suspended, revoked, or surrendered in Alabama or another state? ____
 If yes attach a statement providing complete details.

6. Indicate type of continuing education course for which approval is sought:

_____ Preneed/Insurance _____ Legislative Crematory/Operations _____
 _____ Law & Rules _____ Grief/death/dying Other _____

Do you have at least five years of experience in your field of expertise? _____

Signature of Applicant

I certify that the information provided on this application and all attachments is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

 Signature

Date: _____

Section 34-13-56 (a)(2)(s);(x);(y);(z);(cc) Grounds for revocation, suspension, or refusal to issue or renew licenses; fines.